To better serve the behavioral health needs of service recipients, each T/RBHA will complete an annual examination of quantitative and qualitative data elements to measure the adequacy and sufficiency of its provider network. The analysis will identify potential network needs, improvements, changes or other issues. ADHS/DBHS and the T/RBHA will use the analysis to make decisions related to of development, enhancement or other changes to the System of Care Network.

The report will include an assurance, signed by the T/RBHA Chief Executive Officer, that verifies that its network:

a) Offers a full array of covered behavioral health service providers to meet the needs of the actual and anticipated number of Title XIX/XXI members and non-Title XIX persons with SMI in the geographic service area;

b) Is sufficient in number, mix, and geographic distribution of providers, including crisis providers, to meet the accessibility and service needs of the actual and anticipated number of Title XIX/XXI and non-Title XIX SMI persons in the geographic service area;

c) Will be maintained, expanded and developed in conformance with the goals and objectives in the Adult/Child System of Care Network Development Plan.

d) Will notify ADHS/DBHS when there is a material network change in operations that affects the provider network or network capacity in conformance with contract network reporting requirements.

Each report section will contain a brief analysis that examines the relationship between the data within the section and to its impact on the development or enhancement to the network. Additionally each section will include a list of and make appropriate recommendations as to actions that need to take place to address the findings. It is important to address the characteristics of each category (SMI, GMH/SA & Child TXIX/TXXI, NTXIX) and their individual impacts on network needs. Any conclusions regarding network needs or sufficiency, or future expectations, should include an explanation of how the determination was made. Data should be used to support the explanation and determination. Any needs should be identified and plans for changes or improvements should be carried over to the System of Care Plans.

For each data measure (Quantitative & Qualitative), provide a summary chart or table using the following population stratifiers:

Category:	Eligibility Status:		
	Title XIX	Title XXI	Non-Title XIX
Adult SMI	X	X	X
Adult GMH/SA	X	X	X
Children	X	X	X

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Section 1 - Introduction (3 pgs)

(ADHS/AHCCCS Contract # YH8-0002, Scope of Work Section #18 Provider Network Requirements, Annual Network Development & Management Plan, Attachment C,1. c., ADHS/Maricopa Contract HP632209 Section E. Contract Requirements, Number 7. Network Requirements, 7.1.6.3.3, & Attachment A, ADHS/Greater Arizona Contracts, Scope of Work, Section 7. Network Requirements, 7.16 Network Periodic Reporting Requirements, 7.1.6.3.3.1, & Attachment A, and B. Documents Incorporated by Reference, AHCCCS Contractor Operations manual/415 - Provider Network Development and Management Plan Policy)

1.1 Provide an overview and narrative description of the network design by GSA and county for the SMI, GMH/SA and Child populations.

Identify any changes from the previous year. Include any details regarding T/RBHA network structure and access to care for special populations. Special populations to include the developmentally delayed, homeless, tribal, those in border communities, transitioned aged youth/young adults, CMDP/CPS Involved, Birth to 5 and AzEIP.

    a. Description of the T/RBHA assurance of network adequacy & Sufficiency Plan & its designated responsibilities

    b. Description of the T/RBHA Assurance of Network Adequacy & Sufficiency Plan & correlation to the RBHA management Goals and Strategic planning

    c. Description of the internal review and approval process with inter Office Collaboration and T/RBHA management Levels

Section 2 - Evaluation of Prior Year Plan (6 pgs)

Reference: ADHS/AHCCCS Contract # YH8-0002, Scope of Work Section #18 Provider Network Requirements, Annual Network Development & Management Plan, Attachment C, 1. c.,., ADHS/Maricopa Contract HP632209 Section D. Network Development, Number 8. Network Requirements, a. i, Section E Documents Incorporated by Reference, Exhibit A, ADHS/Greater Arizona Contracts, Scope of Work, Section 7. Network Requirements, 7.16 Network Periodic Reporting Requirements, 7.1.6.3.3.1, & Attachment A., and Attachment B. Documents Incorporated by Reference, , AHCCCS Contractor Operations manual/415 - Provider Network Development and Management Plan Policy

2.1 Identify the T/RBHA Annual 2012 Assurance of Network Adequacy & Sufficiency Plan accomplishments.

This evaluation should provide the baseline to be used in determining the priorities for provider network development and management in the upcoming FY2013 year. Categorize accomplishments/successes and or the need for re-evaluation for the SMI, GMH/SA and Child populations in the following areas:

    a. T/RBHA Departmental

    b. Accessibility of Services

    c. Provider Type Enhancements

    d. Operational

Section 3 - Current Network Status & Network Gaps (9 pgs)

Reference: ADHS/AHCCCS Contract # YH8-0002, Scope of Work Section #18 Provider Network Requirements, Annual Network Development & Management Plan, Attachment C. 1. C., ADHS/Maricopa Contract HP632209 Section D. Network Development, Number 8. Network Requirements, a. i., Section E Documents Incorporated by Reference, Exhibit A,, ADHS/Greater Arizona Contracts, Scope of Work, Section 7. Network Requirements, 7.16 Network Periodic Reporting Requirements, 7.1.6.3.3.1, & Attachment A., and Attachment B. Documents Incorporated by Reference,, AHCCCS Contractor Operations manual/415 - Provider Network Development and Management Plan Policy, (42 CFR 438.206(c)(1)(iii), (42 CFR 438.206(1)(iv) and (42 CFR 438.206(b)(4).

3. 1. Describe the analysis processes and activities involved in the following areas:

    a. Methodology used to assess network status & identify gaps

    b. Identification of network benchmarks or network standards/measures utilized to gauge the adequacy of the network for Urban and Rural Areas

    c. T/RBHA established processes of Responsibilities for identifying network enhancements needs and gaps

    d. Summary of current network status and gaps by County and recommendations for enhancement. Summary can include, but is not limited to, the following: Specialists, Provider Types, Transportation Services, Population Type, Eligibility Status, Behavioral Health FTE's, etc.

    e. The management objective is to support the availability of appropriate services when and where the behavioral health services are needed and preferably in the least restrictive environment. The

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enhancement of network development to create opportunities for members to reside or return to their own homes versus having to reside in an institution or alternative residential setting is the targeted goal:

o Identify the processes and activities that are established within the network structure for allowing members, when appropriate, to live in the least restrictive setting or reside or return to their own home versus having to reside in an institution or alternative residential setting. For the Network please include details regarding availability of generalist direct support providers, high needs case management, and or intensive home and community-based services designed to help maintain children in their home, school, and community.

o Identify the enhancement needs and/or strategies of network development to create opportunities for members to reside or return to their own homes versus having to reside in an institution or alternative residential setting is the targeted goal. For the Children's Network please also identify specific plans to continue development activities in the areas of Generalist Direct support and other intensive and community-based services.

3.2 Corrective Actions Related to Network Issues

a. Provide a description of T/RBHA corrective actions and performance improvement plan activities for the SMI, GMH/SA and Child populations' network structure to address network concerns or gaps.

b. Provide a description of ADHS/DBHS corrective actions, auditing and review activities addressing network concerns or gaps including significant network changes reported on a quarterly basis.

3.3 Develop Minimum Network Standards

a. Based upon the data analyzed, propose minimum network standards for each GSA. In fulfilling the minimum network standards, identify the minimum number of stated providers or services directly and actually available to members and not merely the licensed capacity of a provider. The proposed minimum network standards shall be subject to ADHS/DBHS approval. Utilize the below Minimum Network Standard Matrix. One matrix provided for adults & One matrix provided for children:

o Magellan will utilize Attachment B: Minimum Network Requirements Matrix Format

o NARBHA, Cenpatico & CPSA will utilize Attachment C: Minimum Network Requirements Matrix Format

3.4 Areas for Expansion and/or Improvement

Synthesize the data and identify future directions (including maintenance, expansion, needed system change or quality improvement activities) identified through the network analysis process. Future directions should not be limited to material gaps. It is important to include initiatives, efficiencies, and plans for changes and improvement to the system that the T/RBHA thinks would: Address each of the 4 bullets below:

o Improve system of care effectiveness;

o Improve responsiveness of system of care needs of the eligible members;

o Align the system of care with progressive directions within the behavioral health field or;

o Improve cost efficiency of the system of care.

ADHS/DBHS realizes these types of changes take time for planning and implementation and may not be realized in one or even several years depending on priority, funding limitations, or the extensiveness of the initiative.

Section 4 - Immediate Short-Term Interventions to Address Network Gaps (1 pg.)
Reference: ADHS/AHCCCS Contract # YH8-0002, Scope of Work Section #18 Provider Network Requirements, Annual Network Development & Management Plan, Attachment C. 1. c., ADHS/Maricopa Contract HP632209 Section D. Network Development, Number 8. Network Requirements, a. i., Section E Documents Incorporated by

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Reference,, Exhibit A, , ADHS/Greater Arizona Contracts, Scope of Work, Section 7. Network Requirements, 7.16 Network Periodic Reporting Requirements, 7.1.6.3.3.1, & Attachment A., and Attachment B. Documents Incorporated by Reference, AHCCCS Contractor Operations manual/415 - Provider Network Development and Management Plan Policy, (42 CFR 438.206(c)(1)(iii), (42 CFR 438.206(1)(iv) and (42 CFR 438.206(b)(4).

4.1 Provide an overview/narrative description of the T/RBHA process in place to regularly monitor the capacity and coverage of the network in order to prevent network gaps. Identify processes and practices to address gaps and short term interventions in letters a through f listed below and each of the identified bullets.

    a. Process to prevent network gaps
    b. Process to addressing network Gaps
    c. Process for holding providers accountable for system change, network management, new program development or other network responsibilities.
        o Include a detailed description of all monitoring activities utilized by the T/RBHA to assure that their providers are implementing the programs and initiatives according to intentions and required procedures.
    d. Unmet Needs - Provide a description of the T/RBHA's process for identifying and addressing unmet needs, as well as the process to establish, improve, and expand the network to meet those needs. This section should include a detailed description of the methodology utilized by the T/RBHA to ensure network capacity.
    e. Mystery Shopper Activities - Analyze the findings of any Mystery Shopper activities and describe any performance improvement activities performed by the T/RBHA that impacted on a network concern or gap.
        o T/RBHAs will use their own internal data to support analysis in this section. For T/RBHAs who do not distinguish between adult and children's providers in mystery shopper activities, please indicate that this is a collective review and provide a description that outlines how the T/RBHA ensures both population groups are incorporated in these reviews.
    f. Describe the T/RBHA practice and processes for monitoring the financial status of its provider network.
        o Describe the process or practice of identification of providers experiencing financial hardships
        o Identify any technical assistance or proactive measures provided by the T/RBHA for providers identified with financial hardships
        o Identify all providers experiencing financial difficulties and/or hardships during FY2012 and any projected providers in danger of experiencing financial difficulties and or hardships during FY2013.

Section 5 - Other Interventions to Fill Network Gaps (6 pgs.)

Reference: ADHS/AHCCCS Contract # YH8-0002, Scope of Work Section #18 Provider Network Requirements, Annual Network Development & Management Plan, Attachment C. 1. c., ADHS/Maricopa Contract HP632209 Section D. Network Development, Number 8. Network Requirements, a. i., Section E Documents Incorporated by Reference,, Exhibit A, , ADHS/Greater Arizona Contracts, Scope of Work, Section 7. Network Requirements, 7.16 Network Periodic Reporting Requirements, 7.1.6.3.3.1, & Attachment A., and Attachment B. Documents Incorporated by Reference, AHCCCS Contractor Operations manual/415 - Provider Network Development and Management Plan Policy, (42 CFR 438.206(c)(1)(iii), (42 CFR 438.206(1)(iv) and (42 CFR 438.206(b)(4).

5.1 Provide an overview/narrative description of the T/RBHA process in place utilizing proactive approaches to network development and management to identify network gaps for the SMI, GMH/SA and Child populations. Network gaps can be the result of various activities such as a provider ceasing to do business, loss of credentials, etc. Address each of the 4 bullets below:

        o Ongoing strategies for filling network gaps implemented in FY2012
        o Action plans and performance improvement plan activities with network providers to address network concerns or gaps.
        o Non-financial incentives (Identify the number of non-financial incentives to providers)
        o Barriers to successful network development (Identify barriers experienced during attempts at filling network gaps through short-term and on going interventions)

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5.2 Network Initiatives

Provide a description of available best practices in the T/RBHA network, by GSA, for the SMI, GMH/SA and Child populations. Include information on how best practices are encouraged and supported by the T/RBHA (i.e. training initiatives, contract requirements, and/or technical assistance). Address each of the bullets listed below for the adult and child populations:

Adults

Discuss the network design and structure of case management and support & rehabilitation services to meet the needs of SMI, GMH/SA & young adults 18-21 years of age populations. For each of the 3 populations identified address the following:
- o   Describe the development of a case management structure/model and any changes from FY2012
- o   Review progress toward the development, expansion and maintenance of case managers
- o   Describe the development of support and rehabilitation services and any changes from FY2012.
- o   Describe development of employment services for eligible young adults 18-21.
- o   Describe the involvement of adult staff in transition planning for young people up to 18.

Children

Discuss the network design and structure of case management and support & rehabilitation services to meet the needs of the child population. Address the following:
- o   Describe plans for developing and maintaining Meet Me Where I Am (MMWIA) services into the current year, including:
  - o   Review progress toward the development and expansion of support and rehabilitation services with generalist type providers
  - o   Describe the development of support and rehabilitation services and any changes from FY 2012 Comparison SE modifier utilization reports
  - o   Reconciliation of previous and current funding levels
  - o   FTE counts
  - o   Steps to ensure maximum availability of services
  - o   Fidelity monitoring
  - o   Outcomes assessment including family member input

- o   Describe the development of a case management structure/model and any changes from FY2012
  - o   Review progress toward the development, expansion and maintenance of case managers
  - o   What steps will be taken to ensure high needs case management services are available to all children who meet high needs identification criteria, at 1:15 ratio.

Expectations:

T/RBHAs who serve rural areas should include narratives for each geographic area of the Network that depict how access to these services is ensured to AHCCCS eligible consumers.

The Network Initiatives section should include an analysis that examines the relationship to or impact on the development of the RBHA's behavioral health network system and make appropriate recommendations as to actions that need to take place to address the findings. Identify trends and make forecasts for the FY2013 planning year. The analysis should identify any potential network needs, improvements, changes or issues so that ADHS/DBHS and the T/RBHA can consider them when making decisions on areas of the Adult & Child System of Care/Network that need to be developed, improved or

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changed to better serve the behavioral health needs of enrolled consumers. Any conclusions regarding network needs, sufficiency, or future expectations should contain an explanation of how the determination was made. Data should be used to either quantify or support the explanation and determination. Plans for changes or improvements can be carried over to the system of care plans.

<table>
<tr><td>Section 6 - Outcome Measures and Evaluation of Interventions (3 pgs.)
(2 pgs.) Reference: ADHS/AHCCCS Contract # YH8-0002, Scope of Work Section #18 Provider Network Requirements, Annual Network Development & Management Plan, AHCCCS Coordination of Care [42 CFR 438.208(b)(2), ADHS/Maricopa Contract HP632209 Section D. Network Development, Number 8. Network Requirements, a. i., Section E Documents Incorporated by Reference, ADHS/Greater Arizona Contracts, Scope of Work, Section 7. Network Requirements, Documents Incorporated by Reference, AHCCCS Contractor Operations manual/415 - Provider Network Development and Management Plan Policy, (42 CFR 438.206(c)(1)(iii), (42 CFR 438.206(1)(iv) and (42 CFR 438.206(b)(4).], ADHS/DBHS Provider Manual 4.3</td></tr>
</table>

6.1 Describe how the T/RBHA systemically evaluates the overall adequacy of the SMI, GMH/SA and child population networks. Address letters a. through f. and each of the identified bullets for each population:

    a.   Utilization Data
- Current utilization of services, by covered service category and subcategory.
- By service subcategory, number of unduplicated consumers receiving the service.
- Anticipated utilization of services in the coming year, based on:
  - Population growth and characteristics and service needs.
  - Information about how expectations were determined.
  - Adult principles of recovery
  - The Arizona Vision and 12 principles for the children's system of care.
  - The goals to reduce the utilization of institutional care and maintain children in their homes, school and community
  - Anticipated grant funding (MH block Grant, SAPT, etc.)

Expectations:
This Utilization Section should include an analysis that examines the relationship to or impact on the development of the SMI, GMH/SA and Child behavioral health network system and structure. Using the 3-year data (FY09, FY10, and FY11) identify trends and make forecasts for the FY2013 planning year. The analysis should identify any potential network needs, improvements, changes or issues so that ADHS/DBHS and the T/RBHA can consider them when making decisions on areas of the Adult & Child System of Care/Network that need to be developed, improved or changed to better serve the behavioral health needs of enrolled members. It is important to address the characteristics of each population category (TXIX/TXXI, CMDP, NTXIX) and their individual impacts on network needs.   Any conclusions regarding network needs, sufficiency, or future expectations should contain an explanation of how the determination was made. Data must be used to either quantify or support the explanation and determination. Planned changes or improvements can be carried over to the system of care network development plans.

    b.   Demographics data (ADHS/DBHS Provided) to be analyzed includes:
- Enrollment/Eligibility/Penetration
  - Current and anticipated Title XIX/XXI behavioral health eligibility and enrollment data.
  - Current and anticipated Non-Title XIX/XXI population behavioral health eligibility and enrollment data.
- Race/percentages
- Ethnicity percentages
- Primary Language percentages
  - Method for ensuring services/written materials is provided in the member's primary language.

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- ▪ Method for ensuring interpretation/translation services are provided by "qualified" interpreters/translators.
  - o Gender percentages
  - o Age bands: 0-5, 6-12, 13-17, 18-21, 22-54, 55-64 and up.
  - o Deaf and Hard of Hearing
    - ▪ Percent of Deaf and Hard of Hearing members served.
    - ▪ Identify additional interpreting services provided outside of American Sign Language, such as Tactile, Pidgin Signed English (PSE), low vision, signed Exact English (SEE), Certified Deaf Interpreter, Oral, Captioning Assisted Real Time (CART), Cued Speech Mexican Sign Language and other services.
    - ▪ Indicate which of the following devices are available to Deaf or hard of hearing consumers at the T/RBHA/Providers: TDD/TTY, Amplified Phone, Auxiliary Aides, Flashing Signal Devices, Video Phone, Video Relay Services (VRS), Closed Captioning or others.
  - o Blind and Visually Impaired
    - ▪ Percent of Blind and Visually Impaired members served

Expectations:
For each subsection under Demographics, please include an analysis that examines the relationship to or impact on the development of the SMI, GMHA/SA & Children's behavioral health system of care/network and make appropriate recommendations as to actions that need to take place to address the findings. Using the past 3-year data (FY09, FY10, FY11) identify trends and make forecasts for the FY13 planning year. The analysis should identify any potential network needs, improvements, changes or issues so that ADHS/DBHS and the T/RBHA can consider them when making decisions on areas of the Adult & Child System of Care/Network that need to be developed, improved or changed to better serve the behavioral health needs of enrolled consumers. It is important to address the characteristics of each eligibility category (TXIX/TXXI, CMDP, NTXIX) and their individual impacts on network needs. Any conclusions regarding network needs, sufficiency, or future expectations should contain an explanation of how the determination was made. Data should be used to either quantify or support the explanation or determination. Plans for changes or improvement can be carried over to the system of care network development plans.

- c. Geographic Accessibility
  - o On a county by county basis, within each GSA describe the geographic location of intake providers, pharmacy locations, outpatient clinics, detox/stabilization facilities and rural substance abuse transitional providers in relationship to enrolled members, considering distance and travel time for the SMI, GMH/SA and Child populations. This is an excellent area to as possible, use geo-mapping to show this relationship.

Expectations:
DBHS has provided Geo-Mapping for your reference. If your T/RBHA has the capability to develop Geo-Maps, please utilize your own in reporting.

- d. Single Case Agreements
  - o Analyze the number and type of single case agreements and fee for service contracts for the SMI, GMH/SA and Child populations that have been negotiated in the past year. Identify by population and provider type any need to develop additional providers based on a high volume of single case agreements. Identify network observations/recommendations. Utilize the table format below:

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Provider Name	County	Provider Type	Covered Service Sub-Category Provided	Total # of SCA's	Population Serviced
St. Luke's Behavioral Health	Maricopa	71	Inpatient Services/ Hospital Psychiatric	4	SMI - M/F

e. Issue Resolution Data
  o Analyze the number and type of issue resolutions for the SMI, GMH/SA and Child populations that involve a covered service or network concern, including the type of provider or covered service involved.

f. Appeals and Complaints
  o Analyze the number and type of complaints and appeals for the SMI, GMH/SA and Child populations that reflect a needed service or network concern, including the type of provider or service involved.

Expectations:

For this section, include an analysis that examines the relationship to or impact on the development of the SMI, GMH/SA and children's behavioral health network system and make appropriate recommendations as to actions that need to take place to address the findings. 6.1.2 The analysis should identify any potential network needs, improvements, changes or issues so that ADHS/DBHS and the T/RBHA can consider them when making decisions on areas of the network system of care that needs to be developed, improved or changed to better serve the behavioral health needs of enrolled consumers. Any conclusions regarding network needs or sufficiency should contain an explanation of how the determination was made. Data should be used to either quantify or support the explanation and determination. Plans for changes or improvements should be carried over to the adult & child system of care network development plans.

Section 7 – Ongoing Activities for Network Management (1 pg.)

(2 pgs.) Reference: ADHS/AHCCCS Contract # YH8-0002, Scope of Work Section #18 Provider Network Requirements, Annual Network Development & Management Plan, AHCCCS Coordination of Care [42 CFR 438.208(b)(2), ADHS/Maricopa Contract HP632209 Section D. Network Development, Number 8. Network Requirements, a. i., Section E Documents Incorporated by Reference, ADHS/Greater Arizona Contracts, Scope of Work, Section 7. Network Requirements, Documents Incorporated by Reference, AHCCCS Contractor Operations manual/415 - Provider Network Development and Management Plan Policy, (42 CFR 438.206(c)(1)(iii), (42 CFR 438.206(1)(iv) and (42 CFR 438.206(b)(4).], ADHS/DBHS Provider Manual 4.3

7.1 During FY2012 identify the following:
  a. Significant changes in the organizational structure, internal resources and oversight that have improved the relationship between the Network Analysis Plan and Providers.

7.2 For the FY2013 identify the following:
  a. Significant changes in the organizational structure, internal resources and oversight that the T/RBHA expects to occur for an improved relationship between the Network Analysis Plan and providers.

Section 8 - Coordination Internally & External Entities (2 pgs.)

(2 pgs.) Reference: ADHS/AHCCCS Contract # YH8-0002, Scope of Work Section #18 Provider Network Requirements, Annual Network Development & Management Plan, AHCCCS Coordination of Care [42 CFR 438.208(b)(2), ADHS/Maricopa Contract HP632209 Section D. Network Development, Number 8. Network Requirements, a. i., Section E Documents Incorporated by Reference, ADHS/Greater Arizona Contracts, Scope of Work, Section 7. Network Requirements, Documents Incorporated by Reference, AHCCCS Contractor Operations manual/415 - Provider Network Development and Management Plan Policy, (42 CFR 438.206(c)(1)(iii), (42 CFR 438.206(1)(iv) and (42 CFR 438.206(b)(4).], ADHS/DBHS Provider Manual 4.3

8.1 Inputs from providers and stakeholders. Address each of the 5 bullets below for the Child and Adult Populations:
Child Population:
  o Description of input on the status of the network from contracted providers and state agency stakeholders

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broken out for the child population.
- Include a narrative of how the T/RBHA involves providers and stakeholders in network development issues (e.g. focus groups, surveys, advisory group's specific agenda items on specific committees that address network issues).
    o Provide a detailed description of how the T/RBHA ensures front line provider staff is aware of the resources/capacity of the network.
    o Provide a description of how contracted providers and state agency stakeholders provide input on network needs and development issues.
    o Thoroughly explain how this input is obtained.
    o Also describe how this information has or will be used to influence changes or expansions of the network.

Adult Population:
    o Description of input on the status of the network from contracted providers and state agency stakeholders broken out for the adult populations.
- Include a narrative of how the T/RBHA involves providers and stakeholders in network development issues (e.g. focus groups, surveys, advisory group's specific agenda items on specific committees that address network issues).
    o Provide a detailed description of how the T/RBHA ensures front line provider staff is aware of the resources/capacity of the network.
    o Provide a description of how contracted providers and state agency stakeholders provide input on network needs and development issues.
    o Thoroughly explain how this input is obtained.
    o Also describe how this information has or will be used to influence changes or expansions of the network.

8.2 Inputs from Youth and Families for the Child and Adult Populations:

Child Population:
Provide a description of how youth and families provided input on network needs identification and development activities. Address each of the 2 bullets below:
    o Thoroughly explain how this input was obtained (including input from focus groups, surveys, committees, advisory groups, etc.).
    o Describe how this information has or will be used to influence changes or expansions of the network.

Adult Population:
Provide a description of how peer and families provided input on network needs identification and development activities. Address each of the 2 bullets below:
    o Thoroughly explain how this input was obtained (including input from focus groups, surveys, committees, advisory groups, etc.).
    o Describe how this information has or will be used to influence changes or expansions of the network.

8.3 Peer and Family Support and Involvement the Child and Adult Population:

Child Population:
Describe the RBHA's plan for addressing peer and family Involvement throughout the network by county. Address the

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partnering and consultation with youth and family organizations as subject matter experts in the development of the network plan that links peer and family organization to the T/RBHA and provider community as experts both in providing peer and family support services and developing and supervising peer and family roles. Address each of the eight bullets below:

- o Provide a description of how family members are involved at the T/RBHA, Network/PNO, and service provider levels of the behavioral health system. Consider the following:
- o Document ways that the T/RBHA and providers accommodate peers and family members so that they can participate in advisory or policy making committees (for example, holding meetings in more accessible locations and at more accessible times; offering compensation for travel and child care costs, offering stipends to recognize the value of the contribution by the peer or family member).
- o Describe RBHA involvement at state & GSA level family & consumer advisory councils
- o Identify and give examples of activities, programs or policies that have come about due to the influence of peers and family members.
- o Identify and give examples of how the RBHA and providers have sought to better inform and empower peers and family members in their participation in treatment planning practice (brochures, training events, assignment of staff to support their participation).
- o Identify and give examples of contracting or collaborative involvement in family-run and/or consumer Run Organizations (With a specific focus on how the work applies to the children & adult populations).
- o Utilizing the data collected from the 2012 Network Inventory please identify the number of family-run and peer-run organizations that are established within your network.
- o After analyzing the family role inventory describe activities or procedures the RBHA will use to increase family involvement, make sure it is evenly distributed among providers, and provide any targets that may be established to assist agencies in developing family involvement in line with the explicit intent of the protocol, provider manual and contract provisions addressing family involvement.

Adult Population:
Describe the RBHA's plan for addressing peer and family Involvement throughout the network by county. Address the partnering and consultation with peer and family organizations as subject matter experts in the development of the network plan that links peer and family organization to the T/RBHA and provider community as experts both in providing peer and family support services and developing and supervising peer and family roles. Address each of the 8 bullets below:

- o Provide a description of how peer and family members are involved at the T/RBHA, Network/PNO, and service provider levels of the behavioral health system. Consider the following:
- o Document ways that the T/RBHA and providers accommodate peers and family members so that they can participate in advisory and policy making committees (for example, holding meetings in more accessible locations and at more accessible times; offering compensation for travel and child care costs, offering stipends to recognize the value of the contribution by the peer or family member).
- o Describe RBHA involvement at state & GSA level family & consumer advisory councils
- o Identify and give examples of activities, programs or policies that have come about due to the influence of peers and family members.
- o Identify and give examples of how the RBHA and providers have sought to better inform and empower peers and family members in their participation in treatment planning practice (brochures, training events, assignment of staff to support their participation).

- o Identify and give examples of contracting or collaborative involvement in consumer run organizations (With a specific focus on how the work applies to the adult populations).
- o Utilizing the data collected from the 2012 Inventory please identify the number of peer-run organizations that are established within your network.
- o Describe activities or procedures the RBHA will use to increase family involvement, make sure it is evenly distributed among providers, and provide any targets that may be established to assist agencies in developing family involvement in line with the explicit intent of the protocol, provider manual and contract provisions addressing family involvement.

Note: In previous years ADHS/DBHS has required that forums be held and has considered the development of a statewide survey. In place of that level of requirement ADHS would like the RBHA to determine the best method for obtaining this information in their area and a detailed explanation on how the RBHA addressed this important input requirement and the results of those efforts.

For the purpose of this section the following definitions apply:

Peer - An individual who is, or has been, a recipient of behavioral health services in the public behavioral health system *(ADHS/DBHS Advisory Definition).*

Family Member: A parent or caregiver who has raised or is currently raising a child with emotional, behavioral or mental health challenges and has experience navigating the children's behavioral health system. This is inclusive of youth and adolescents diagnosed with serious emotional disturbance up to age 22 if the adolescent is being served by an Individual Education Program (IEP) or up to age 26 if the young adult is being served by an Individual Service Plan (ISP) in transition to the adult mental health system.

Family Run Organizations: A family-run organization is an organization that has a board of directors made up of more that 50% family members, who have primary responsibility for the raising of a child, youth, adolescent or young adult with a serious emotional disturbance up to age 18 or 21 if the adolescent is being served by an Individual Education Plan (IEP) or up to 26 if the young adult is being served by an Individual Service Plan in transition to the adult mental health system.

Peer-Run Organization: A Peer Agency is an organization that has a board of directors made up of more than 50% Peers (see definition), must be controlled and managed by Peers and is dedicated to the transformation of mental health service systems which are Peer and Family driven. This may involve assistance with more effectively utilizing the services delivery system (e.g. assistance in developing plans of care, identifying needs, accessing supports, partnering with professionals, or overcoming service barriers), or understanding and coping with the stressors of the person's disability (e.g. support groups), coaching, role modeling, and mentoring. *(ADHS/DBHS Advisory Definition)*

Family Involvement: A practice where family members/caregivers, youth and young adults have the opportunity to be supported, speak, be heard and know that their input is incorporated:
- In their own family plan;
- In relation to how services are delivered on an agency level; and
- How the Arizona children's behavioral health system operates overall.

Instructions

8.4 Describe the coordination with external organizations including each of the 10 bullets below for the child population and the 7 bullets below for the adult Population:

Child Population:
- o Primary Care Providers
- o Schools
- o Child Welfare
- o Juvenile or Adult Probation
- o ADES/DDD
- o ADOC
- o ADJC
- o ADES/RSA
- o ADES/CPS
- o Other Service Providers

Adult Population:
- o Primary Care Providers
- o Hospitals/Emergency Room
- o Urgent Care Facilities
- o Educational Providers
- o County Jails
- o RSA/Vocational Programs
- o Other Service Providers

Section 9 - Network Design (11 pgs.)

Reference: ADHS/AHCCCS Contract # YH8-0002, Scope of Work Section #18 Provider Network Requirements, Annual Network Development & Management Plan, Attachment C,1. c.,., (CFR 42 438.102(a)(1)(ii), ADHS/Maricopa Contract HP632209 Scope of Work Section C. Covered Behavioral health Services and Managed Care Service Delivery, Number 4 Network Service Delivery,, Scope of Work, Section D. Network Development, Number 8. Network Requirements, a. i, Section E Documents Incorporated by Reference,, Exhibit A, ADHS/Greater Arizona Contracts, Scope of Work, Section 7. Network Requirements, 7.16 Network Periodic Reporting Requirements, 7.1.6.3.3.1, & Attachment A., and Attachment B. Documents Incorporated by Reference,, AHCCCS Contractor Operations manual/415 - Provider Network Development and Management Plan Policy, (42 CFR 438.206(c)(1)(iii), (42 CFR 438.206(1)(iv)

9.1 Provider Choice

Describe how the network provides choice for the SMI, GMH/SA and Child population recipients. Choice would include intake providers, assessment and service plan development and coordination activities, service providing agencies, individual clinicians, psychiatrists, case managers, service locations, cultural preferences, male or female staff preferences child & family team meetings, adult recovery team locations and any other choice points the T/RBHA would like to highlight.

9.2 Special Populations

Describe the provision of services and outreach for the SMI, GMH/SA and Child special populations. Address each of the eight bullets below:
- o Developmental Disabilities,
- o Arizona Early Intervention Program (AzEIP),
- o Homeless (including homeless young adults and families),
- o Those living in border communities.
- o CMDP
- o Birth to 5
- o Transition Aged Youth

Instructions

      o   SAPT Special Populations (pregnant and parenting women and injection drug users)

Expectations:
Include a description of the methodology the T/RBHA utilizes to ensure it has adequate network capacity to serve special populations. To include the RBHA plan to provide services to the 0-5 population with assessors and specialty clinicians particularly those who are identified as having high needs and involvement with Child Protective Services.

9.3 Tribal Development coordination Activities addressing the SMI, GMH/SA and Child populations (See Attachment A, for tribes within each RBHA's GSA). Address each of the three bullets below:

      o   Complete assessment by county on the methods to ensure availability and provision of culturally appropriate behavioral health services for tribal members within the network (by reservation and then off reservation populations).
      o   Identify any substance abuse service increases or enhancements that are needed by the tribe.
      o   Identify any additional behavioral health service increases or enhancements that are needed by the tribe.

9.4 Providers offering evening and weekend (after-hours) services and after hours comparison of FY2012 vs. FY2013 for the SMI, GMH/SA and Child populations. Address each of the 4 bullets below:
      o   Complete the matrix table below for the adult population and a matrix table for the child population.

Provider Name/ County/Population	Provider Type	Number of Agencies	2010 Hours of Operation	2011 Hours of Operation	After-Hour Services Offered	Gain/Loss
ABC Counseling /Pima/Adult and Children	77	12	Mon. – Thurs. 4 p.m. – 8 p.m.	Mon. - Fri. 8 a.m. - 8 p.m. Weekend Apts. available	Treatment Services	+7hrs

      o   Address all provider Types offering after hour behavioral health services.
      o   Analyze any after hour variation from the 2012 Network Analysis.
      o   Identify coverage gaps or need to increase capacity in evening and weekend access to services for persons and families who are unavailable for appointments during normal business hours.

9.5 Purchasing Strategies
Provide a description of <u>purchasing strategies interventions</u> utilized to reduce unnecessary emergency room/department utilization for the SMI, GMH/SA and Child population recipients. Address each of the 7 bullets below:
      o   Analysis of the causes of avoidable/preventable crisis stabilization/psychiatric inpatient utilization
      o   Analysis of the causes of avoidable/preventable crisis stabilization/psychiatric inpatient utilization
      o   Same-day behavioral prescriber appointments
      o   Nurse call-in centers/information lines/member services
      o   Urgent care/crisis facilities
      o   Expansion of support and rehabilitation services availability (related to the goal of reducing ED utilization).
      o   Expansion of available services in underserved areas

Instructions

Expectations:

Identify the outcome of those interventions utilized. In order to sufficiently address this requirement the description needs to explain how the purchasing strategies are proactive and preventative. Include a description of how the T/RBHA monitors emergency room/department utilization and identifies any unnecessary utilization. Also, provide a description of the activities or processes the T/RBHA uses to ensure their provider agencies are aware of, and implement, these strategies.

9.6 Substance Abuse Prevention and Treatment Block Grant

Provide a description of programs for substance abuse treatment services funded through the
SAPT Block Grant per county based on capacity data and wait list management data for pregnant
Women/teenagers, women with young children and injection drug abuse and services to Non TXIX children. Address each
 of the three bullets below:
- o Mechanisms for ensuring priority access
- o Mechanisms for ensuring delivery of HIV Early Intervention Services
- o Services for Non TXIX children

9.7 Acceptance of New Members for the SMI, GMH/SA and Child population recipients.

Complete an assessment of Provider Types by county for the SMI, GMH/SA and Child population recipients. Address each of the two bullets below:
- o Identify the number and type of providers who are not accepting new Title XIX and/or Title XXI members. This includes any provider who has not accepted new members for any period during FY2012.
- o How does the RBHA assure that acceptance includes the ability to serve the person adequately?

9.8 Transportation Infrastructure

Complete an assessment by county urban & rural for the SMI, GMH/SA and Child population recipients. Address each of the five bullets below:
- o Available non-emergency transportation providers (e.g., vans, busses, taxis).
- o Available means of transportation provided for emergency transportation.
- o Identify any increase or need to increase transportation service development within the network.
- o Analyze complaint data that reflect any transportation related concerns.
- o Identify specific gains or losses to non-emergent and emergent transportation infrastructure from previous Analysis Plan.

9.9 Telemedicine Infrastructure for the SMI, GMH/SA and Child population recipients:

Complete an assessment by county. Address each of the five bullets below:
- o Availability and locations of telemedicine systems.
- o A description of how telemedicine systems are utilized to enhance the delivery of behavioral health services.
- o Identify specific services offered through telemedicine by location.
- o Provide hours of services provided through telemedicine by location.
- o Identify specific gains or losses to Telemedicine Infrastructure from the previous Annual Network Plan.

9.10 Network Inventory for the SMI, GMH/SA and Child population recipients:

For the following areas compare the FY2012 Network Inventory to the FY2013 Network Inventory. Utilize the matrix format to present comparisons and for other similar areas in the 2012 & 2013 Inventories. Apply the matrix format specific to your

	Instructions

GSA and counties. Identify any network needs, enhancements and/or reductions. Address each of the 8 bullets below:

- o Complete an analysis on the status of outpatient clinics
  - ▪ Utilize Inventory data and assess for sufficiency and identify any system needs, by county

Child

Priority Service Area	Year	GSA1				
		Apache	Coconino	Mohave	Navajo	Yavapai
Total Number of Outpatient Clinics	2011					
	2012					
	Gain/Loss					

Adult

Priority Service Area	Year	GSA1				
		Apache	Coconino	Mohave	Navajo	Yavapai
Total Number of Outpatient Clinics	2011					
	2012					
	Gain/Loss					

- o Complete analysis on Community Service Agencies (CSA)
  - ▪ Utilize inventory data and assess for sufficiency and identify any system needs, by county

Child

Priority Service Area	Year	GSA1				
		Apache	Coconino	Mohave	Navajo	Yavapai
Total Number of CSA's	2011					
	2012					
	Gain/Loss					

Adult

Priority Service Area	Year	GSA1				
		Apache	Coconino	Mohave	Navajo	Yavapai
Total Number of CSA's	2011					
	2012					
	Gain/Loss					

- o Complete an analysis on the minimum number of Paraprofessionals, BHT's, and BHP's needed.
  - ▪ Utilize inventory data and assess for sufficiency and identify any system needs, by county
  - ▪ Complete analysis of Paraprofessionals, BHT's, and BHP's to enrolled SMI/GMH/SA and Child population enrollment data by county

Population	Full time FTE equivalents that can Serve as Case Managers (From Provider Types identified in Inventory)	Number of FTEs Inventory 2011	Number of FTEs Inventory 2012	Gain/Loss
General Mental Health/Substance Abuse (TXIX/TXXI and Non-TXIX)	Paraprofessionals			
	Behavioral Health Technician (BHT)			

Instructions					
	Behavioral Health Professional (BHP)				
	Total licensed/privileged FTE's				
SMI (TXIX/TXXI and Non-TXIX)	Paraprofessionals				
	Behavioral Health Technician (BHT)				
	Behavioral Health Professional (BHP)				
	Total licensed/privileged FTE's				
Child (TXIX/TXXI and Non-TXIX)	Paraprofessionals				
	Behavioral Health Technician (BHT)				
	Behavioral Health Professional (BHP)				
	Total licensed/privileged FTE's				

- o Complete an analysis on Home Care Training to Home Care Client (HCTC). Identify the RBHA's network goals and processes for:
  - HCTC development
  - Supervision and monitoring of HCTC quality of care
  - Efforts and coordination with OLCR to Manage licensing application changes, renewals, concerns and investigations
  - The development and monitoring of a system for provision of respite for HCTC providers.
  - Analysis of contracted beds to enrolled population by County.

Child

Priority Service Area	Year	GSA1				
		Apache	Coconino	Mohave	Navajo	Yavapai
Total Number of Contracted Homes	2011					
	2012					
	Gain/Loss					

Adult

Priority Service Area	Year	GSA1				
		Apache	Coconino	Mohave	Navajo	Yavapai
Total Number of Contracted Homes	2011					
	2012					
	Gain/Loss					

- o Complete an analysis on the status of Crisis Intervention Services

Priority Service Area	Year	GSA1				
		Apache	Coconino	Mohave	Navajo	Yavapai
Total Number of Provider Type sites providing Crisis Intervention Services - Telephone	2011					
	2012					
	Gain/Loss					
Total Number of Provider Type sites providing Crisis Intervention Mobile Services	2011					
	2012					
	Gain/Loss					

Total Number of Provider Type sites providing Crisis Intervention Services - Mobile	2011					
	2012					
	Gain/Loss					

o   Complete an analysis for staff credentialed and privileged to conducting assessments. Utilize inventory data and assess for sufficiency and identify any system needs, by county

Child

Priority Service Area	Year	GSA1				
		Apache	Coconino	Mohave	Navajo	Yavapai
Total Number of Staff credentialed and privileged to conducting assessments	2011					
	2012					
	Gain/Loss					

Adult

Priority Service Area	Year	GSA1				
		Apache	Coconino	Mohave	Navajo	Yavapai
Total Number of Staff credentialed and privileged to conducting assessments	2011					
	2012					
	Gain/Loss					

o   Identify any expansion needs by county and any plans for meeting the need for the SMI, GMH/SA and Child population recipients:

- Treatment for adult persons who act out sexually - (Complete ratio of Practitioners to enrolled SA population's for adults and children)
- Sexual abuse trauma - (Complete ratio of Practitioners to enrolled SA population's for adults and children)
- Dialectical behavioral therapy (DBT) (Adults Only)
- Developmental Disability - (Complete ratio of Practitioners to enrolled DD population for adult and children utilizing DBHS Demographic enrolled data)
- Infant and Early Childhood Mental Health (Birth-5)-(Complete ratio of Practitioners to enrolled child population utilizing DBHS Demographic data)
- Substance Use Disorder Treatment Adult & Children - (Complete ratio of Practitioners to enrolled SA population's utilizing DBHS Enrolled, Eligibility and Penetration data)

Adult

Priority Service Area	Year	GSA1				
		Developmental Disability	Treatment for Adults who Act Out Sexually	Sexual Abuse Trauma	Dialectical Behavioral Treatment Therapy	Substance Use Disorder Treatment
Total Number of Licensed Independent Practitioners for Specialty Categories - Adult	2011					
	2012					
	Gain/Loss					

Child

Instructions

Priority Service Area	Year	GSA1				
		Developmental Disability	Treatment for Children who Act Out Sexually	Sexual Abuse Trauma	Infant and Early Childhood Mental Health (Birth-5)	Substance Use Disorder Treatment
Total Number of Licensed Independent Practitioners for Specialty Categories - Child	2011					
	2012					
	Gain/Loss					

o Complete an analysis on the availability of Behavioral Health Medical Professionals (BHMPs).
   ▪ Utilize <u>inventory data</u> and assess for sufficiency and identify any system needs, by county
   ▪ Analyze the geographic availability of Behavioral Health Medical Professionals compared with the geographic location of enrolled members.
   ▪ Describe how the telemedicine infrastructure is utilized in developing adequate prescriber sufficiency.
   ▪ Analyze FY12 complaint data that reflects any prescriber related concerns.
   Adults

Priority Service Area	Year	GSA1				
		Apache	Coconino	Mohave	Navajo	Yavapai
Total Number of Behavioral Health Medical Professional (BHMP)	2011					
	2012					
	Gain/Loss					
Total Number of Behavioral Health Medical Professionals (BHMP's) Actively providing buprenorphine administration and/or services	2011					
	2012					
	Gain/Loss					

9.11 Substance Abuse Services

Utilize Inventory data and assess for sufficiency and identify any system needs, by county for:
   o Outpatient clinic services,
   o Intensive outpatient programs
   o Residential services or detoxification services by county.
   o Methadone services
   o SA specialty clinicians
   o SAPT funded programs/services

9.12 Substance Abuse Treatment

   o SA Detoxification
      ▪ Describe how detox services correspond to ASAM PPC, levels of detox
      ▪ Utilize inventory data (Report) to assess for sufficiency and to identify needs by county.

   o Stabilization (Crisis Intervention Services)
      ▪ Utilize inventory data (Report #1) to assess for sufficiency and to identify needs by county.

   o Transition Programs (Rural Transition Programs)

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- Utilize inventory data (Reports #8) to assess for sufficiency and to identify needs by county Transition Programs (Rural Transition Programs)

    o Outpatient Treatment Services
    - Licensed & credentialed staff (Would include an analysis of network sufficiency for BHP, and BHMP's)
    - Para professionals (Would include an analysis of network sufficiency for peer/family support staff , BHT's and other para professionals). Use of Evidence Based Practices (Please provide an percentage of Staff who are trained and qualified to use EBP's with fidelity i.e. ASAM PPC, MI etc)

    o Intensive Outpatient Treatment Services
    - Licensed & credentialed staff (Would include an analysis of network sufficiency for BHP, and BHMP's)
    - Para professionals (Would include an analysis of network sufficiency for peer/family support staff , BHT's and other para professionals)Use of Evidence Based Practices (Percentage of Staff who are trained and qualified to use EBP's with fidelity i.e. ASAM PPC)

    o Residential Treatment Services
    - Level II Co-occurring Substance Abuse Treatment (Bed Capacity)
    - Level III Residential facilities
    - Utilize Inventory data (Reports #11) to assess for sufficiency and to identify needs by County

    o Medication Assisted Treatment
    - BHMP's actively prescribing methadone and buprenorphine
    - BHMP's actively prescribing Other MAT's used

9.12 Substance Abuse Treatment Outreach & Intervention Services
RBHAs will include a description of their 1) Outreach efforts, 2 Mechanisms for ensuring priority access, 3) Early intervention services and 4) Review of capacity data and wait list management data for the populations below.

    o Pregnant Women with Substance Use Disorders who Inject Drugs

    o Pregnant Women with Substance Use Disorders

    o Injection Drug Users

RBHAs will provide a description of provider use of evidence based practices for the above priority populations by County

In addition RBHAs should describe by county provider efforts around the following areas:
    o HIV/early intervention services

    o TB Screening, testing, and treatment services

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      o   Hepatitis B & C, screening, testing , and treatment services

Expectations:
T/RBHAs who serve rural areas should include narratives for each area of the Network Inventory, which depict how access to these services is ensured to AHCCCS eligible adults/children.

Section 10 - Adequacy of the Geographic Access to (11 pgs.)
(2 pgs.) Reference: ADHS/AHCCCS Contract # YH8-0002, Scope of Work Section #18 Provider Network Requirements, Annual Network Development & Management Plan, AHCCCS Coordination of Care [42 CFR 438.208(b)(2), ADHS/Maricopa Contract HP632209 Section D. Network Development, Number 8. Network Requirements, a. i., Section E Documents Incorporated by Reference, ADHS/Greater Arizona Contracts, Scope of Work, Section 7. Network Requirements, Documents Incorporated by Reference, AHCCCS Contractor Operations manual/415 - Provider Network Development and Management Plan Policy, (42 CFR 438.206(c)(1)(iii), (42 CFR 438.206(1)(iv) and (42 CFR 438.206(b)(4).], ADHS/DBHS Provider Manual 4.3

10. 1 Pharmacy Infrastructure
      o   Provide the T/RBHA's methodology for determining adequate access and location for the SMI, GMH/SA and Child populations to pharmacies. Identify changes and/or enhancements from the previous year. Specifically consider how access is ensured to rural or homebound members.

Section 11 - Assistance Provided to PCP's and Health Plans when referring to Specialists and Coordination of Care Practices
(2 pgs.) Reference: ADHS/AHCCCS Contract # YH8-0002, Scope of Work Section #18 Provider Network Requirements, Annual Network Development & Management Plan, AHCCCS Coordination of Care [42 CFR 438.208(b)(2), ADHS/Maricopa Contract HP632209 Section D. Network Development, Number 8. Network Requirements, a. i., Section E Documents Incorporated by Reference, ADHS/Greater Arizona Contracts, Scope of Work, Section 7. Network Requirements, Documents Incorporated by Reference, AHCCCS Contractor Operations manual/415 - Provider Network Development and Management Plan Policy, (42 CFR 438.206(c)(1)(iii), (42 CFR 438.206(1)(iv) and (42 CFR 438.206(b)(4).], ADHS/DBHS Provider Manual 4.3

11.1 Identification of the SMI, GMH/SA and Child members with chronic medical conditions and coordination with Health Plans
      o   Provide a description of the network process of how the RBHA identifies members with chronic medical conditions and conducts coordination efforts with Health Plans

11.2 Processes and activities established to assist PCP's and Health Plans for utilization of contracted specialist or need for specialist referrals.
      o   Provide a description of the network process & and activities established to assist PCP's & Health Plans for utilization of contracted specialists or need for specialist referrals.

11.3 Coordination of Care with AHCCCS Contractors. Address each of the two bullets below:
      o   Describe the process currently established within the network of how members with chronic medical conditions are identified within the T/RBHA system record keeping mechanism
      o   How are placement options coordinated and/or communicated to Health Plans

11.4 Identification of Alternative Practices/Interventions to prevent need for crisis stabilization/psychiatric inpatient utilization and available alternatives to nursing facility placements. Address each of the three bullets below:
      o   Identify specific alternative practices and interventions that have occurred in the FY2012 network review period to prevent Crisis Stabilization/Psychiatric Inpatient Utilization
      o   Identify the network structure and the available alternatives to Nursing Facility placements such as Assisted Living Facilities, alternative residential settings, or home and community based services.
      o   Identify any network goals or established practices to enhance the networks ability to meet the needs of individuals and his/her natural supports and create opportunities for members to reside or return to their own homes versus having to reside in an institution and/or nursing facility.

Instructions
Section 12 - Analysis of Appointment Availability Data (2 pgs.) Reference: ADHS/AHCCCS Contract # YH8-0002, Scope of Work Section #18 Provider Network Requirements, Annual Network Development & Management Plan, Attachment C,1. c.,., (CFR 42 438.102(a)(1)(ii), ADHS/Maricopa Contract HP632209 Scope of Work Section C. Covered Behavioral health Services and Managed Care Service Delivery, Number 4 Network Service Delivery, Scope of Work, Section D. Network Development, Number 8. Network Requirements, a. i, Section E Documents Incorporated by Reference,, Exhibit A, ADHS/Greater Arizona Contracts, Scope of Work, Section 7. Network Requirements, 7.16 Network Periodic Reporting Requirements, 7.1.6.3.3.1, & Attachment A., and Attachment B. Documents Incorporated by Reference,, AHCCCS Contractor Operations manual/415 - Provider Network Development and Management Plan Policy, (42 CFR 438.206(c)(1)(iii), (42 CFR 438.206(1)(iv)ADHS/DBHS Provider Manual Section 3.2 Appointment Standards and Timeliness of Services (42 CFR 438.206(c)(1)(i).

12.1 Analyze performance access to care standards
Analyze the T/RBHAs performance to the DBHS Access to Care Standards for the SMI, GMH/SA and Child populations. Address each of the 4 bullets below:
    o   Monitoring of appointment standards (DBHS Standards)
    o   Frequency of monitoring
    o   Assessment & follow-up
    o   Tracking & reporting

Section 13 – Members, Providers & Staff Feedback About Network Design & Performance (2 pgs.) Reference: ADHS/AHCCCS Contract # YH8-0002, Scope of Work Section #18 Provider Network Requirements, Annual Network Development & Management Plan, Attachment C. 1. c., ADHS/Maricopa Contract HP632209 Section D. Network Development, Number 8. Network Requirements, a. i., Section E Documents Incorporated by Reference,, Exhibit A, , ADHS/Greater Arizona Contracts, Scope of Work, Section 7. Network Requirements, 7.16 Network Periodic Reporting Requirements, 7.1.6.3.3.1, & Attachment A., and Attachment B. Documents Incorporated by Reference, AHCCCS Contractor Operations Manual/415 - Provider Network Development and Management Plan Policy, (42 CFR 438.206(c)(1)(iii), (42 CFR 438.206(1)(iv) and (42 CFR 438.206(b)(4).

13.1 Describe and identify the T/RBHAS collaborative processes and activities to obtain feedback about the network design and performance for the SMI, GMH/SA and Child populations through each of the four bullets below:
    o   Member/family member feedback
    o   Provider feedback
    o   Internal department feedback
    o   Individual staff input
 	
Describe any network interventional strategies implemented based off of evaluation of information gathered and evaluated.

Section 14 - G. Provider Listing (As Attachment D) Reference: ADHS/AHCCCS Contract # YH8-0002, Scope of Work Section #18 Provider Network Requirements, Annual Network Development & Management Plan, Attachment C. 1. c., ADHS/Maricopa Contract HP632209 Section D. Network Development, Number 8. Network Requirements, a. i., Section E Documents Incorporated by Reference,, Exhibit A, , ADHS/Greater Arizona Contracts, Scope of Work, Section 7. Network Requirements, 7.16 Network Periodic Reporting Requirements, 7.1.6.3.3.1, & Attachment A., and Attachment B. Documents Incorporated by Reference, AHCCCS Contractor Operations Manual/415 - Provider Network Development and Management Plan Policy, (42 CFR 438.206(c)(1)(iii), (42 CFR 438.206(1)(iv) and (42 CFR 438.206(b)(4).
Provider Listing The FY2013 T/RBHA Provider Listing File layout has been provided as Attachment D. Update this listing for the SMI, GMH/SA and Child population recipients and return as an attachment with the RBHA FY13 Network Analysis Plan. The File layout is similar to the FY2012 template. Submit one Provider Listing as the data template that captures SMI, GMH/SA & Child providers
Section 15 - Approvals (1 pg.) Reference: ADHS/AHCCCS Contract # YH8-0002, Scope of Work Section #18 Provider Network Requirements, Annual Network Development & Management Plan, Attachment C. 1. c., ADHS/Maricopa Contract HP632209 Section D. Network Development, Number 8. Network Requirements, a. i., Section E Documents Incorporated by Reference,, Exhibit A, , ADHS/Greater Arizona Contracts, Scope of Work, Section 7. Network Requirements, 7.16 Network Periodic Reporting Requirements, 7.1.6.3.3.1, & Attachment A., and Attachment B. Documents Incorporated by Reference, AHCCCS Contractor Operations Manual/415 - Provider Network Development and Management Plan Policy, (42 CFR 438.206(c)(1)(iii), (42 CFR 438.206(1)(iv) and (42 CFR 438.206(b)(4).
With this submittal of this Annual Network Development & Management Plan, the RBHA is attesting to the adequacy and sufficiency of the GSA behavioral health provider network and each subcontractor that this regional Contractor: a)   Offers an appropriate range of services, that is adequate for the anticipated number of Title XIX and Title XXI

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members in each geographic service area;

b) Maintains a network of providers that is sufficient in number, mix and geographic distribution to meet the accessibility and service needs of the Title XIX and Title XXI members in each service area;

_____ _____T/RBHA Chief Executive Office,

Date:

Attachment A:
Tribal Reservations by GSA & County[1]

GSA 1- NARBHA	Apache County	Zuni Pueblo Tribe Navajo Nation*
	Coconino County	Havasupai Tribe Hopi Tribe San Juan Paiute Tribe Navajo Nation*
	Mohave County	Kaibab-Pauite Tribe Hualapai Tribe Mohave Tribe
	Navajo County	Navajo Nation*
	Yavapai County	Yavapai Apache Tribe at Prescott Yavapai Apache Tribe at Camp Verde Tonto Apache Tribe
GSA 2- CENPATICO	La Paz County	Colorado River Indian Tribes**
	Yuma County	Quechan/Yuma Tribe Cocopah Tribe Tohono O'odham Tribe
GSA 3-Cenpatico	Graham County	San Carlos Apache Tribe
GSA 4- CENPATICO	Gila County	San Carlos Apache Tribe Tonto Apache Tribe
	Pinal County	Ak-Chin Tribe
GSA 5- CPSA	Pima County	Tohono O'odham Tribe
GSA 6- MAGELLAN	Maricopa County	Tohono O'odham Tribe at San Lucy Fort McDowell Tribe Salt River Pima Maricopa Indian Community

* Navajo Nation has an Intergovernmental Agreement (IGA Contract #HG532004) with ADHS for Case Management services.
** CRIT has an Intergovernmental Agreement (IGA Contract #HG532008) with ADHS for subvention funding.

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[1] Tribes with Tribal Regional Behavioral Health Authority contracts with ADHS are not included in this inventory. Please, continue to report on collaborative relationships with these tribes if they are within the GSA(S).

Attachment B:
Minimum Network Requirements
(Magellan Matrix Format)

Provider Type/Service	Minimum Number	Unit
Sub acute facility capable of accepting walk-ins Provider type B5, B6, B7		Number of facilities
Sub acute facility (excluding detox services) Provider types B5, B6		Number of adult beds
		Number of child beds
		Number of adolescent beds
Inpatient service Number of adolescent beds Provider types 02, 71		Number of adult beds
		Number of child beds
		Number of adolescent beds
Inpatient detoxification services Provider types 02, 71, B5, B6		Number of adult beds
		Number of child beds
		Number of adolescent beds
RTC Provider types 78, B1, B2, B3		Number of child beds
		Number of adolescent beds
Level II Residential Provider type 74		Number of adult beds for substance abuse treatment
		Number of adult beds
		Number of child beds for substance abuse treatment
		Number of child beds
Level III Residential Number of adult beds		Number of adult beds
Provider type A2		Number of child beds
Home Care Training to Home Care Number Provider type A5		Number of adult beds served
		Number of child beds served
		Number of contracted homes for children and licensed capacity
		Number of contracted homes for adults and licensed capacity
Housing		Number of adults with a serious mental illness who will be assisted in locating or maintaining housing
		Number of transition age youth (16–24) who will be assisted in locating or maintaining housing
		Number of other persons who will be assisted in locating or maintaining housing
Pharmacy Locations Provider type 03		Number of locations
Outpatient agencies Provider type 77		Number of agencies
Habilitation Providers Provider type 39		Number of habilitation providers not associated with agencies
Community Service Agencies Provider type A3		Number that are consumer operated
		Number that are not consumer operated
		Number that are family-based organizations
Behavioral Health Recipients to outpatient agencies for adult services deliver Peer and Family Support Services		Number of Individuals working in Community Service Agencies or outpatient agencies for Adult Services
		Number of Individuals working in Community Service Agencies or outpatient agencies for Children's Services
Unskilled Respite Care for Children		Number of facility- based respite providers
		Number of in-home respite providers (Agencies and CSA's)
		Number of respite beds
Behavioral Health Support Services for Children (Personal Care, Home Care Training Family/Family Support)		Number of licensed agencies serving children and;
		Number of community service agencies/habilitation providers serving children
Behavioral Health Rehabilitation Services for Children (Skills Training and Development, Psychosocial Rehabilitation Living Skills Training, Behavioral Health Prevention/Promotion Education and Medication		Number of licensed agencies serving children and;
		Number of community service agencies/habilitation providers serving children

Provider Type/Service	Minimum Number	Unit
Training, Psycho educational Services and Ongoing Support to Maintain Employment)		
Generalist Support Providers (Children's MMWIA Providers)		Total Number of Full Time Equivalents
		Number of Generalist Support Provider agencies serving children
Family Members to deliver Peer and Family Support Services		Number of Individuals working in Community Service Agencies or outpatient agencies for adult services
		Number of Individuals working in Community Service Agencies or outpatient agencies for children's services
Crisis response telephone		Full Time Equivalents for am shift
		Full Time Equivalents for pm shift
		Full Time Equivalents for night shift
Mobile crisis		Full Time Equivalents for am shift
		Full Time Equivalents for pm shift
		Full Time Equivalents for night shift

Attachment C:
Minimum Network Requirements
(NARBHA, Cenpatico & CPSA Matrix Format)

Provider Type/Service	Minimum Number	Unit
Sub acute facility capable of accepting walk-ins Provider type B5, B6, B7		Number of facilities
Sub acute facility (excluding detox services) Provider types B5, B6		Number of adult beds
		Number of child beds
		Number of adolescent beds
Inpatient service Provider types 02, 71		Number of adult beds
		Number of child beds
		Number of adolescent beds
Inpatient detoxification services Provider types 02, 71, B5, B6		Number of adult beds
RTC Provider types 78, B1, B2, B3		Number of child beds
		Number of adolescent beds
Level II Residential Provider type 74		Number of adult beds
		Number of child beds
Level III Residential Provider type A2		Number of adult beds
		Number of child beds
		Number of child beds
Home Care Training to Home Care Client Provider type A5		Number of adult beds served
		Number of child beds served
		Number of contracted homes for children
		Number of licensed capacity for children
		Number of contracted homes for adults
		Number of licensed capacity for adults
Housing		Number of persons with a serious mental illness who will be assisted in locating or maintaining housing
Pharmacy Locations Provider type 03		Number of locations
Methadone maintenance services Provider type 77		Number of agencies
Outpatient agencies Provider Type 77		Number of agencies
Habilitation Providers Provider type 39		Number of agencies
		Number of habilitation providers not associated with agencies

Provider Type/Service	Minimum Number	Unit
Community Service Agencies Provider type A3		Number that are consumer operated
		Number that are not consumer operated
		Number that are family-based organizations
Behavioral Health Recipients to outpatient agencies for adult services deliver Peer and Family Support Services		Number of Individuals working in Community Service Agencies or outpatient agencies for Adult Services
		Number of Individuals working in Community Service Agencies or outpatient agencies for Children's Services
Unskilled Respite Care for Children		Number of facility- based respite providers
		Number of in-home respite providers (Agencies and CSA's)
		Number of respite beds
Behavioral Health Support Services for Children (Personal Care, Home Care Training Family/Family Support)		Number of licensed agencies serving children and;
		Number of community service agencies/habilitation providers serving children
Behavioral Health Rehabilitation Services for Children (Skills Training and Development, Psychosocial Rehabilitation Living Skills Training, Behavioral Health Prevention/Promotion Education and Medication Training, Psycho educational Services and Ongoing Support to Maintain Employment)		Number of licensed agencies serving children and;
		Number of community service agencies/habilitation providers serving children
Generalist Support Providers(Children's MMWIA Providers)		Total Number of Full Time Equivalents
		Number of Generalist Support Provider agencies serving children
Family Members to deliver Peer and Family Support Services		Number of Individuals working in Community Service Agencies or outpatient agencies for adult services
		Number of Individuals working in Community Service Agencies or outpatient agencies for children's services
Crisis response telephone		Full Time Equivalents for am shift
		Full Time Equivalents for pm shift
		Full Time Equivalents for night shift
Mobile crisis		Full Time Equivalents for am shift
		Full Time Equivalents for pm shift
		Full Time Equivalents for night shift

FY 2013 Minimum Network Standards (Staffing Type in Outpatient Clinics)
(NARBHA, Cenpatico & CPSA Matrix Format)

Staffing Type	Minimum Number	Units
Paraprofessionals		Full Time Equivalents for Children
		Full Time Equivalents for Adults
Behavioral Health Technicians		Full Time Equivalents for Children
		Full Time Equivalents for Adults
Behavioral Health Professionals (Do not include Psychiatrists, Nurse Practitioners, or Physician Assistants)		Full Time Equivalents
		Of the above stated FTE number of BHPs, how many Full Time Equivalents will be performing as Case Managers or conducting assessments
Psychiatrists, Nurse practitioners, or Physician Assistants (BHMP)		Full Time Equivalents
		Of the above stated FTE number of BHPs, how many Full Time Equivalents will be performing as Case Managers or conducting assessments
		Number of Hours per week dedicated to medication assessment and prescribing

The ADHS/DBHS Provider Listing is a detailed, itemized list, or record of all RBHA - contracted Behavioral Health Provider Types within each GSA. The List identifies the agencies, facilities, professional groups or professionals under subcontract to the RBHA to provide covered services to behavioral health recipients. T/RBHAs continually assess contracted and/or utilized service capacity in conjunction with other data elements used in the development of the System of Care Network Development Plan.

PURPOSE:
The purpose of the Provider Listing is to quantify the number of available providers by specified Provider type. The Provider Listing requires the establishment, posting and availability of the number of Provider Types for each covered service by population and availability for all eligible and enrolled consumers within the RBHA Network. The Provider Listing will identify Provider Types for the service populations listed below:

- Adults with Serious Mental Illness population (SMI)
- General Mental Health/Substance Abuse population (GMH/SA)
- Child Population

In combination with other data elements drawn from the Network Planning process, the Provider Listing will be used to analyze service and provider capacity by county for the T/RBHA Network sufficiency. It will also be used to answer inquiries as to the availability of various network services and contract reporting requirements to AHCCCS.

If you have any questions in completing your T/RBHA Provider List please contact:

Thomas Klemko
Coordinator, Network Development & Management
ADHS/DBHS Office of Contract Compliance
(602) 364-4681
klemkot@azdhs.gov

DEFINITIONS

Provider Type - AHCCCS provider billing types relevant to behavioral health providers include 35 Provider Types. The 35 Provider Types are located in the Appendix B.2, ADHS/DBHS Allowable Procedure Code Matrix located at http://www.azdhs.gov/bhs/covserv.htm

Service Provider - An organization and/or behavioral health professional who meets the criteria established in the AHCCCS/ADHS contract, has a contract with ADHS or a subcontractor, AHCCCS Health Plan, Program Contractor or Tribal Government, as applicable, and is registered with AHCCCS to provide behavioral health services.

ADHS/DBHS Covered Service Domains - ADHS has organized an array of covered behavioral health services into a continuum of 9 Service domains. The individual service domains are; Treatment Services, Rehabilitation Services, Medical services Support Services, Crisis Intervention Services, Inpatient

Services, Residential Services, Behavioral Health Day Programs and Prevention Services. The individual Service domains are further defined in the DBHS Covered Services Guide located at http://www.azdhs.gov/bhs/covserv.htm

Geographical Service Areas (GSA) - The State is divided into six geographical service areas (GSAs) served by four Regional Behavioral Health Authorities (RBHAs).

ACRONYMS

CMHS - The Community Mental Health Services Block Grant Pursuant to Division B, Title XXXII, Section 3204 of the Children's Health Act of 2000.

SAPT - The Substance Abuse Prevention and Treatment Block Grant pursuant to Division B. Title XXXIII, Section 3303 of The Children's Health Act of 2000 pursuant to Section 1921 – 1954 of the Public Health Service Act and 45 CFR Part 96 Interim Final Rules.

INSTRUCTIONS:
Submit the Annual RBHA Provider Listing in the format approved by ADHS/DBHS due April 1st of every contract year. The RBHA Provider Listing will provide but not be limited to the following information:

- Each of contracted Provider Type referenced in the Appendix B.2, ADHS/DBHS allowable Procedure Code Matrix.
- Provider Name, Address, County, Provider Type ID, Clients Served, Population Served and ADHS/DBHS Covered Service Domains provided.
- All Provider Types that are registered and contracted to provide substance abuse prevention and treatment and utilizing the funds available through the "Federal Substance Abuse Prevention and Treatment Block Grant" (SAPT).

The Provider Listing consists of 28 reporting categories. The report categories are identified in columns A through AB in a standardized reporting EXCEL Document Template.

Directions

The first column identifies the T/RBHA: Tribal Regional Behavioral Health Authority (TRBHA) and or Regional Behavioral Health Authority (RBHA).

The second column identifies the Geographic Service Area (GSA):   Some of the identified DBHS Provider Types can be contracted in any of the 6 GSA's that establish the geographic location and breakdown of the 15 counties in Arizona.

The third column identifies the Service Provider name as identified in the established contract. The Name represents the organization and/or behavioral health professional.

The fourth column identifies the AHCCCS ID Site Specific. *A* Service Provider is required to be registered with the AHCCCS Administration as a Title XIX/XXI provider. The AHCCCS Provider Registration Office will identify each Service Provider with a 6 digit ID Site number.

The fifth, sixth, seventh, eighth and ninth columns identify the Service Provider; Address, City, State, Zip Code, and County.

The tenth column identifies the Provider Type Context. The Provider Type Context for each of the 35 Provider Types are located in the DBHS Covered Services Guide - B.2 Matrix.

The eleventh, twelfth and thirteenth columns identify the service populations that the service provider is providing behavioral health covered services to. The populations are Adults with Serious Mental Illness population (SMI), General Mental Health/Substance Abuse population (GMH/SA) and the Child Population.

- **Yes** is entered into the cell as the unit count if the service provider is providing services to that population
- **No** is entered into the cell as the unit count if the service provider is not providing services to that population

The fourteenth column identifies that the service provider is or is not a contracted (SAPT) provider.

- **Yes** is entered into the cell as the unit count if the service provider is a contracted (SAPT) provider.
- **No** is entered into the cell as the unit count if the service provider is not a contracted (SAPT) provider.

The fifteenth column identifies that the service provider is or is not a contracted (CMHS) provider.

- **Yes** is entered into the cell as the unit count if the service provider is a contracted (CMHS) provider.
- **No** is entered into the cell as the unit count if the service provider is not a contracted (CMHS) provider.

The sixteenth, seventeenth and eighteenth columns identify the service populations that the service provider is providing behavioral health covered services to any of the three eligible populations TXIX, TXXI and NTXIX.

- **Yes** is entered into the cell as the unit count if the service provider is providing services to that eligible population
- **No** is entered into the cell as the unit count if the service provider is not providing services to that eligible population

The nineteenth, twentieth, twenty third, twenty fourth, twenty-fifth, twenty-sixth, and twenty-seventh columns identify the 9 ADHS/DBHS Covered Service Domains. The service domains are; Treatment

Services, Rehabilitation Services, Medical services Support Services, Crisis Intervention Services, Inpatient Services, Residential Services, Behavioral Health Day Programs and Prevention Services.

- **Yes** is entered into the cell as the unit count if the service provider is providing services within that ADHS/DBHS Covered Service Domain.
- **No** is entered into the cell as the unit count if the service provider is not providing services within that ADHS/DBHS Covered Service Domain.

The twenty-eighth column identifies that the most recent date that the service provider, Provider Listing information and data has been updated.

RBHA	GSA	Provider Name	AHCCCS ID Site Specific	Provider Site Address	City	State	Zip Code	County	ProviderType ID	SMI Clients Served	GMH/SAClients Served	Child Clients Served	SAPT Contracted Provider	CMHS Contracted Provider	TXIX Pop Served	TXXI Pop Served	NTXIX Pop Served	A-Treatment Services Provided	B-Rehabilitation Services Provided	C-Medical Services	D-Support Services	E-Crisis Intervention Services	F-Inpatient Services	G-Residential Services	H-Behavioral Health Day Program	I-Prevention Services	Date Updated
NARBHA	01	Creative Networks	689458	2721 N. 4th Street Suite 15	Flagstaff	AZ	86004	Coconino	A3	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No	No	2/24/2011